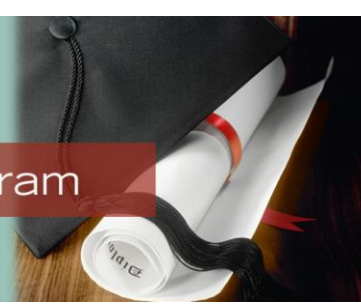




Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

PSAC Scholarship Awards Program



2018 APPLICATION FORM

In order for your application to be considered complete and accepted, the following is required:

Completed application form – all sections of the application must be completed. If you do not know your PSAC ID#, Component or Local #, please contact your regional office.

PSAC membership must be current.

AND (please check one of the following)

Option 1: an original 800-word essay on the topic chosen by the PSAC for the current year. Your essay submission must be in Word or PDF format. Please ensure your full name and page numbers are annotated on every page as a header and footer.

OR

Option 2: A YouTube video, infographic, or audio recording/song on the topic chosen by the PSAC for the current year. Audio recordings/songs must be submitted as either a mp3 file (on a CD, USB stick or any transfer service such as (Dropbox, WeTransfer, etc.) OR a YouTube OR SoundCloud link. Please ensure that all submissions clearly indicate your name and PSAC ID.

Complete applications must be submitted by mail (post-marked) **by June 29rd, 2018 at 11:55 pm ET and should be sent to:**

PSAC Scholarship Program
233 Gilmour Street, 9th floor
Ottawa, Ontario K2P 0P1

NOTE: Applications **will not** be accepted by e-mail or fax

Confirmation of application received by PSAC will be e-mailed to applicant.
Please retain e-mail for future confirmation.

PERSONAL INFORMATION *(Please print)*

Applicant's Name:			
	Last	First	Middle
Address:			
	Number & Street	City	
	Province/Territory		Postal Code
Telephone:		Email:	

MEMBERSHIP INFORMATION

Please complete Section A or Section B as it applies to the applicant.

Section A

<input type="checkbox"/> (✓) If you are a PSAC member applying please complete this portion		
PSAC ID #	Component	Local #

<p>Will you be in full-time or part-time studies?</p> <p>Full-Time _____</p> <p>Part-Time _____</p> <p>If part-time, how many classes, total, will you be taking in the 2018-2019 academic year?</p> <p>_____</p> <p>_____</p>
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Section B

<input type="checkbox"/> (✓) If you are a child of a PSAC member applying please complete this portion		
Parent: Last Name	Parent: First Name	Parent: Middle Name
PSAC ID #	Component	Local #
Telephone (Work)	Telephone (Home)	
Employed at	Email	

SCHOOL INFORMATION

What post-secondary institution will you be attending?	
Name of Institution	City

What degree/diploma are you working towards?
Title of degree/diploma

What year are you entering? Please mark one.	
1 st year _____	4 th year _____
2 nd year _____	5 th year _____
3 rd year _____	other _____